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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/660,640			ing Date 12/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
FOR			UMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION F (37 CFR 1.16(o), (p),	EE or (q))	N/A		N/A			N/A			N/A		
	ΓAL CLAIMS CFR 1.16(i))		mir	nus 20 = *	*			x \$ =		OR	x \$ =		
IND	EPENDENT CLAIN CFR 1.16(h))	/IS	minus 3 =		*			x \$ =		1	x \$ =		
☐APPLICATION SIZE FEE (37 CFR 1.16(s)) If the specification and of sheets of paper, the applies \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a						n size fee due for each thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								TOTAL					
* If the difference in column 1 is less than zero, enter "0" in column 2.										J	TOTAL		
APPLICATION AS AMENDED – PART II OTHER THA (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENT													
AMENDMENT	03/20/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	SLY	PRESENT EXTRA		RATE (\$)	additional Fee (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 6	Minus	** 20		= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	* 3	Minus	***3		= 0		x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2	2)	(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**		=		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	***		=		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))												
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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